



NAME:

COUNTRY:

SIGNATURE FORM

Instructions: You must sign and date this form and forward it to the Fulbright Program Office in your home country.

By my signature,

I authorize the Fulbright Program Office or its administrative agency:

- 1) to receive, and/or to request my TOEFL, TSE, TWE, GRE, SAT, Achievement Test scores or any other test score reports;
- 2) to send any of the above score reports to U.S. institutions on my behalf;
- 3) to apply on my behalf to U.S. institutions;
- 4) to request and receive information on the status of my application, including financial aid, from U.S. institutions; and,
- 5) to accept and decline offers of admission and financial aid on my behalf.

AND

I certify that the information given in this application is complete and accurate to the best of my knowledge.

I understand that I am not entitled to hold, nor do I hold, U.S. citizenship or permanent residence.

I understand that formal award of a grant is dependent upon my acceptance to a U.S. institution for study and my eligibility for a visa to the United States.

Upon the completion of an authorized stay in the United States under the Fulbright Student Program, I agree to return to my home country for two (2) years to fulfill my home residency requirement.

Signature

Date (*Month/Day/Year*)